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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First-Class Mail Post Office to Addressee, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

**Dated: March 24, 2005**

**Signature**

~~(Jordan J. Altman)~~

Docket No. IMC0004-15CT  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Trevino et al. ) Examiner : M. Hartley  
Application. No.: 09/941,395 )  
Group Art Unit : 1616  
Filed: August 28, 2001 )  
For: STABILIZED GAS EMULSION )  
CONTAINING PHOSPHOLIPID )  
FOR ULTRASOUND CONTRAST )  
ENHANCEMENT )

**AMENDMENT AND RESPONSE UNDER 37 CFR § 1.121**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

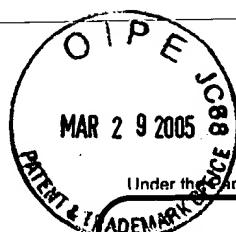
Dear Sir:

Applicants respectfully request that the above-identified application be amended as set out below. In accordance with the provision of 37 CFR § 1.136(a), it is respectfully requested that a three-month extension of time be granted in which to respond to the Notice of Non-Compliant Amendment dated December 9, 2004, said period of response being extended from January 9, 2005 to, and including, April 9, 2005.

Applicants previously applied for a one-month extension of time and hereby request a three-month extension of time but will subtract the one-month extension of time from the total as stated in the fee transmittal. Thus, the \$900 fee (\$1,020 for extension for response within the third month minus \$120 for extension for response within the first month) is being made by credit card

Appl. No.: 09/941,395  
Filed: August 28, 2001

payment. The required credit card payment form is attached. If any other fees are due, the USPTO is authorized to charge Deposit Account No. 50-3329.



(Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number)

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 900.00)

Complete if Known	
Application Number	09/941,395
Filing Date	August 28, 2001
First Named Inventor	Trevino
Examiner Name	M. Hartley
Art Unit	1616
Attorney Docket No.	IMC0004-15CT

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 50-3329 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

**Small Entity**  
Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

13 - 20 or HP = 0 x 50 = 0

0 0

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

**Fee (\$)** **Fee Paid (\$)**

1 - 3 or HP = 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	_____	/ 50 = _____ (round up to a whole number)	_____ x _____ = _____	_____

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**Fees Paid (\$)**

SUBMITTED BY			
Signature		Registration No. 54,959 (Attorney/Agent)	Telephone 732 815 0404
Name (Print/Type)	Jordan J Altman	Date	March 24, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.